

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<u>John F. Brown</u>		Town	County	MARYLAND	
Died at	Holy wood	St. Marys		Months	Days
Date of death	1907 July	Month Day	Years		
Age	75				
Sex	male	Color or Race	Blash	Birth-place	Ind
Occupation	Former	Where Residing if not at place of death			
Married, Single Widowed		Name of Wife or Husband	Eliza Brown	Father's Birthplace	Ind
Father's Name	Daniel Brown			Mother's Birthplace	don't know
Mother's Maiden Name	Dorothy Brown			How related to deceased	none
Name of person giving information	Henry Hale				

CAUSES OF DEATH

(66)

How long

12 mon

How long

3 days

Primary

Pneumonia

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

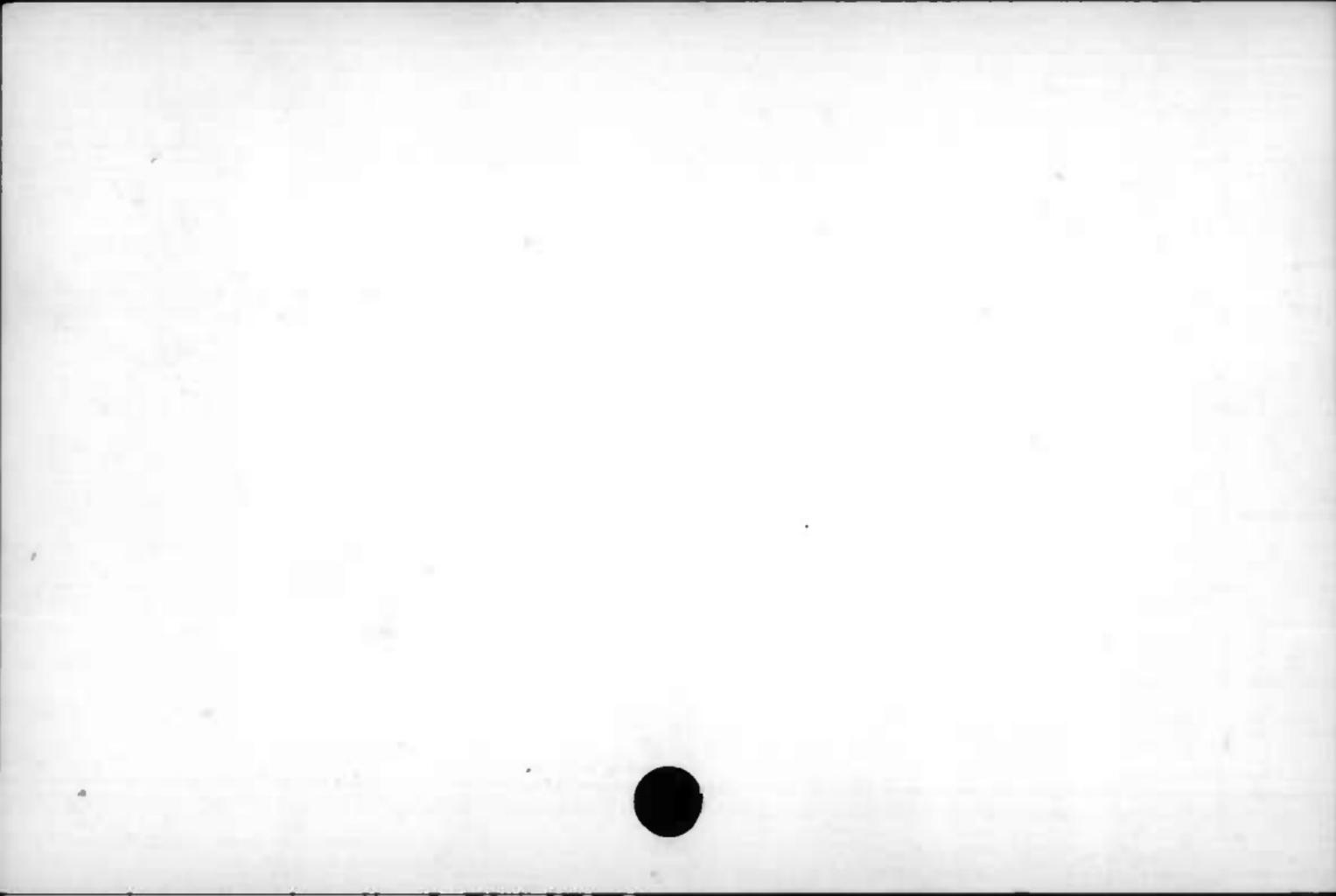
yes

Signature of Physician

Address

Dr. O'Leary,
Oxonville
Md.

Accident or Suicide?



Name
in
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Sarah Kingsley Harrison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Charlotte Hall		Town	St Marys		County	MARYLAND	
Date of death	1907	Month July	Day 25	Years 57	Age	Months 5	Days 8
Sex	Femaline	Color or Race	white		Birth-place	Louisville, Ky	
Occupation	Private life		Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Philip T. Harrison		Father's Birthplace	Louisville	
Father's Name	William Kingsley Dent				Mother's Birthplace	Louisville	
Mother's Maiden Name	Jane Sophia Dent				How related to deceased	Nephew	
Name of person giving information	Erle T. Harrison						

CAUSES OF DEATH

(120)

How long

One year

How long

Gradually

PHYSICIAN
OR CORONER

Primary

Bright Disease

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

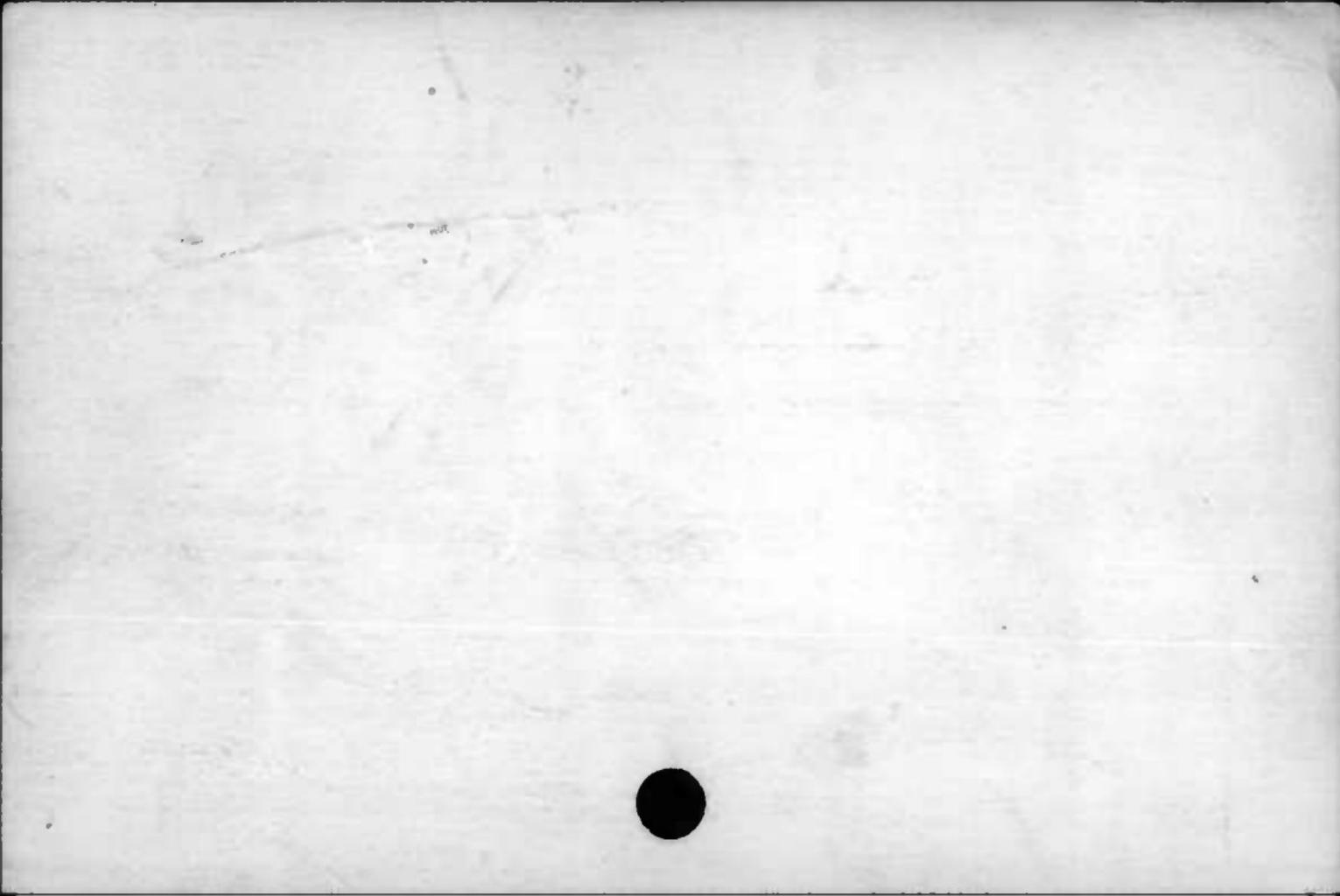
Signature of Physician

yes

Address

Lawn Station
Charlotte Hall Md.

Accident or Suicide?



Name
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Full

Mary S. Nelson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Husband -				
Father's Name	Husband Known					Father's Birthplace
Mother's Maiden Name	Husband Known					Mother's Birthplace
Name of person giving Information	B. B. Lee					How related to deceased None

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Apoply

(64)

How long

3 days

How long

Immediate

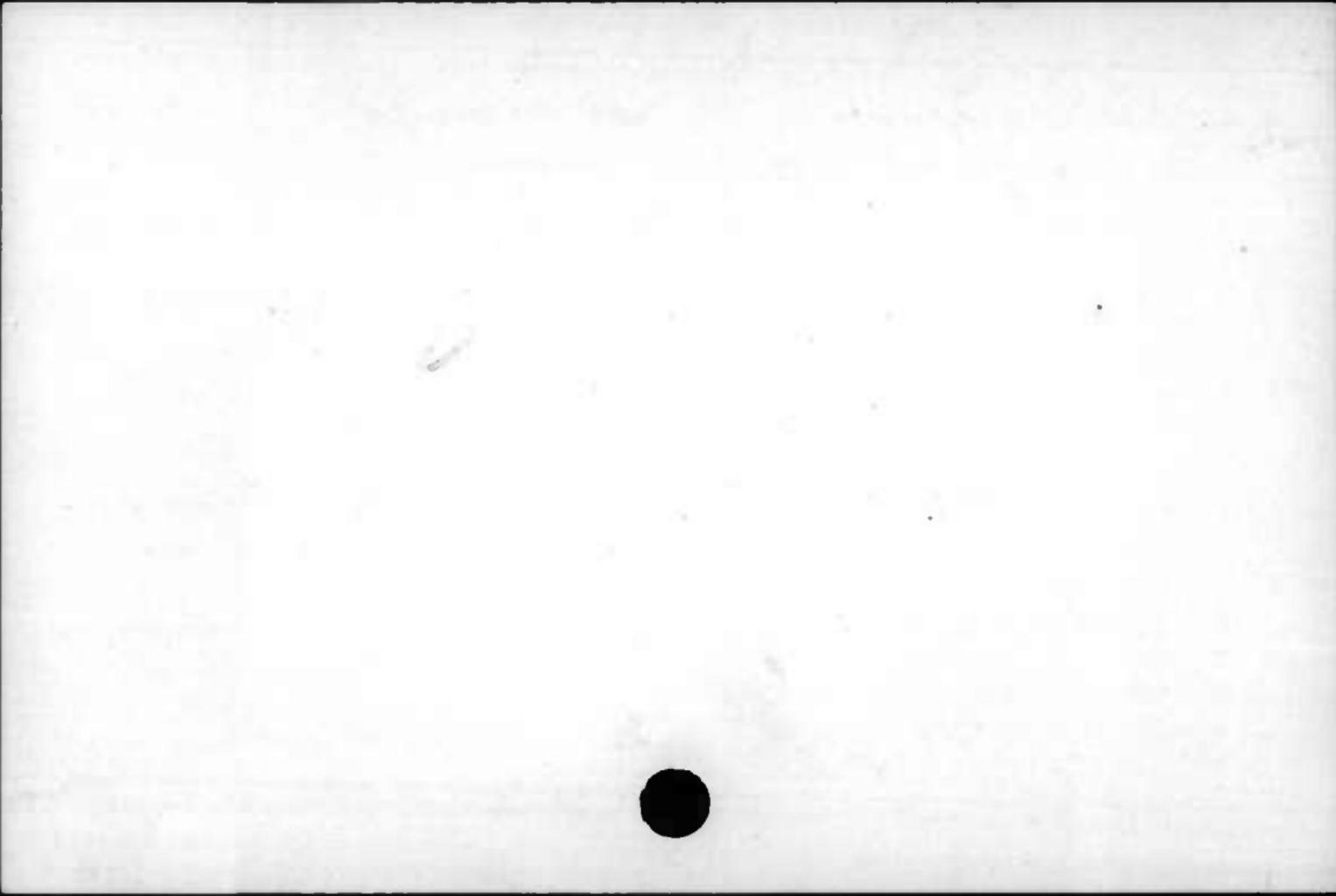
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

L. B. Johnson -
Morganza -

Accident or Suicide?



Name
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William Thomas Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Copseier</u>		Town <u>St. Marys</u>		County <u>MARYLAND</u>	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>30</u>	Age <u>—</u>	Years <u>9</u>	Months <u>9</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>3rd</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Richard Nolan</u>	Father's Birthplace <u>me</u>				
Mother's Maiden Name <u>Mollie Cooper</u>	Mother's Birthplace <u>me</u>				
Name of person giving Information <u>Richard Nolan</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

105-

Primary

Cholera Typhus

How long

8 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

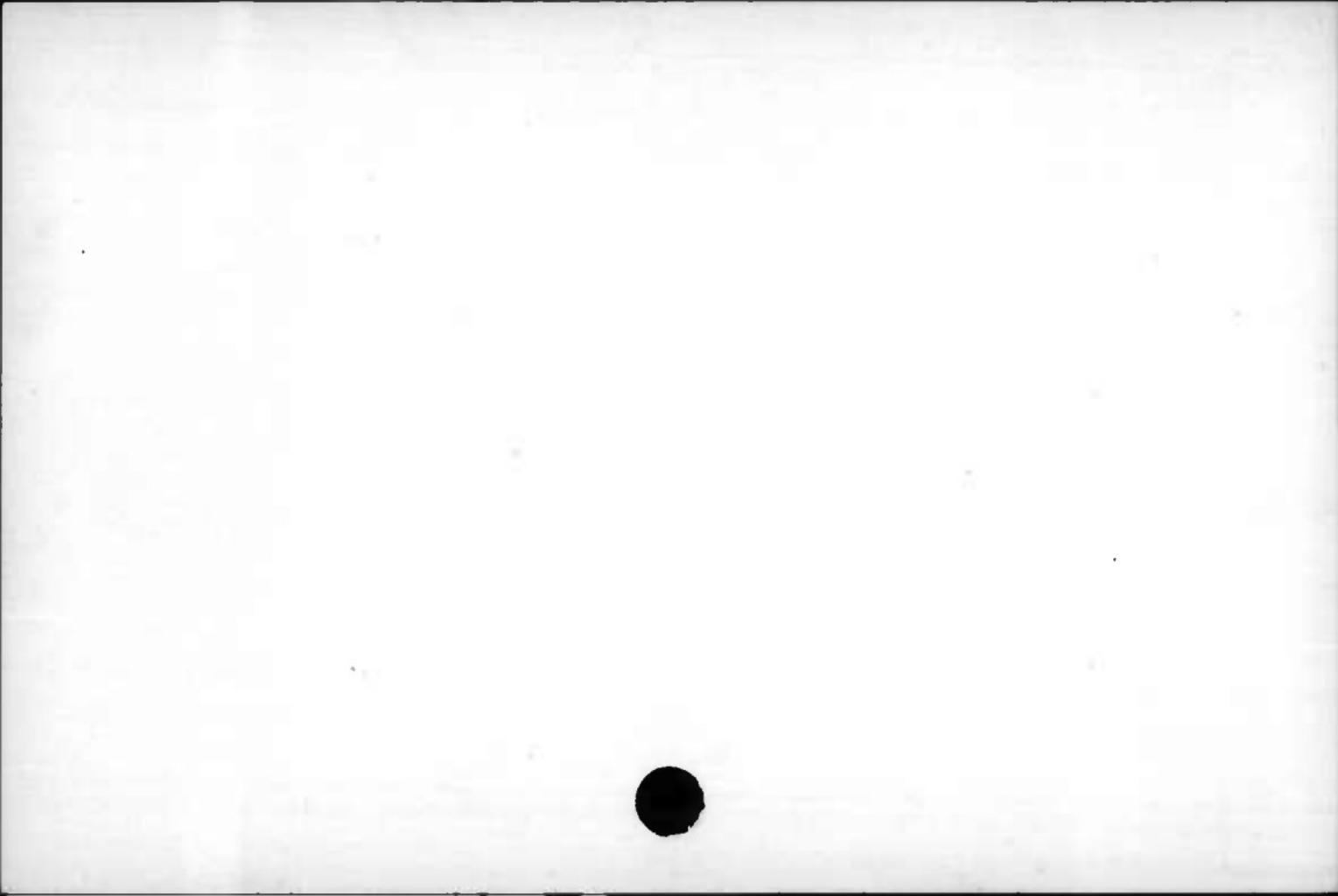
yes

Signature of Physician

Address

J. O. Sliv. J.
doct. wife.
md.

Accident or Suicide?



Name
in
Full

Jane L. Payne

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Laurel Grove		County St. Mary's		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1907	July	6	72			
Sex	Female	Color or Race	white	Birth-place	St. Mary's Co. Md.	
Occupation	Lady of leisure			Where Residing if not at place of death	Laurel Grove	
Married, Single Widowed				Name of Wife or Husband	John L. Payne	
Father's Name	James A. Morgan			Father's Birthplace	Maryland	
Mother's Maiden Name	Miss Howard			Mother's Birthplace	Maryland	
Name of person giving information	my own knowledge			How related to deceased	Cousin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

(66)

How long

Immediate

Paralysis

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

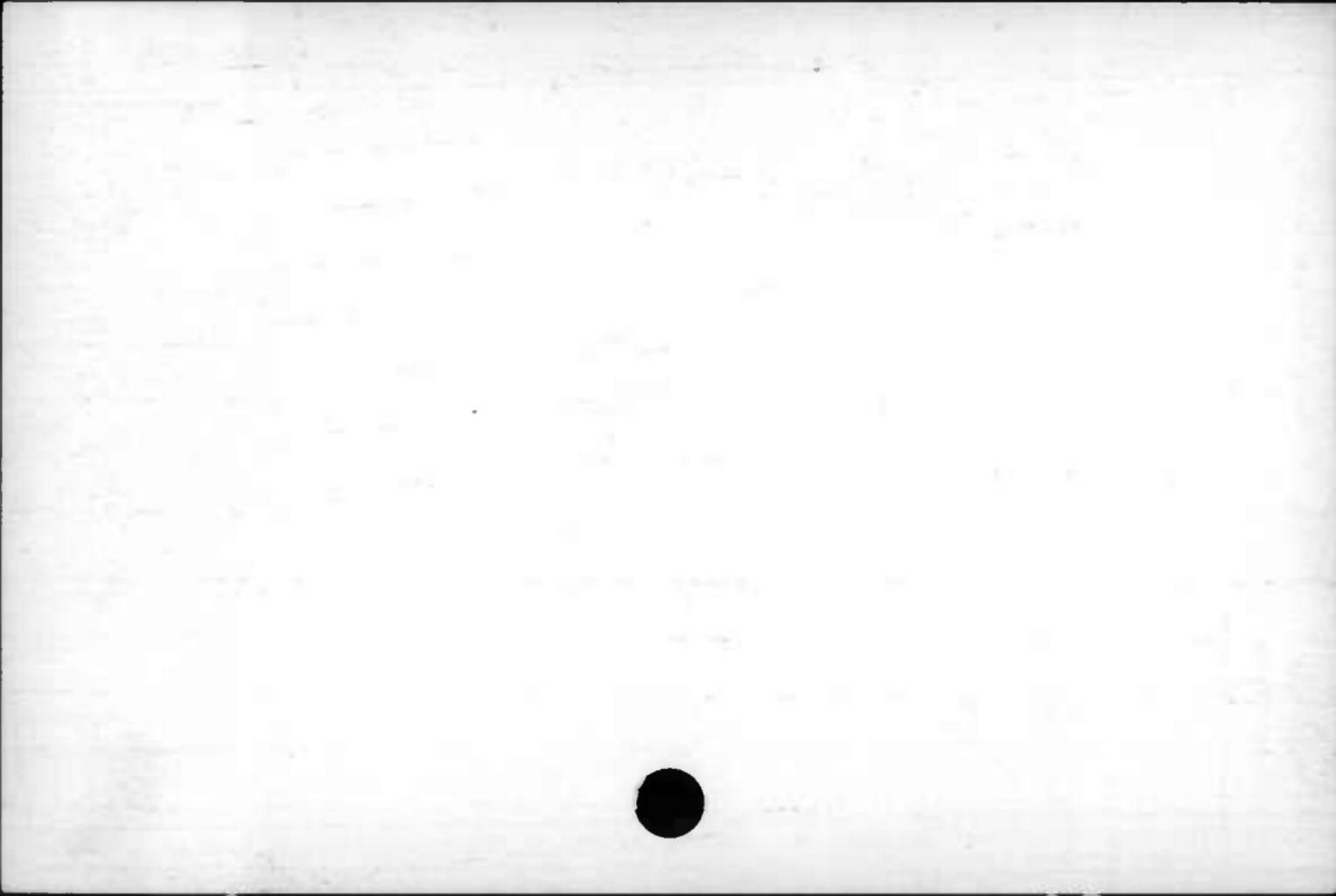
yes

Signature of Physician

Address

Zach. R. Morgan

Accident or Suicide?



Name
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Full

Jessie May Sothoron

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

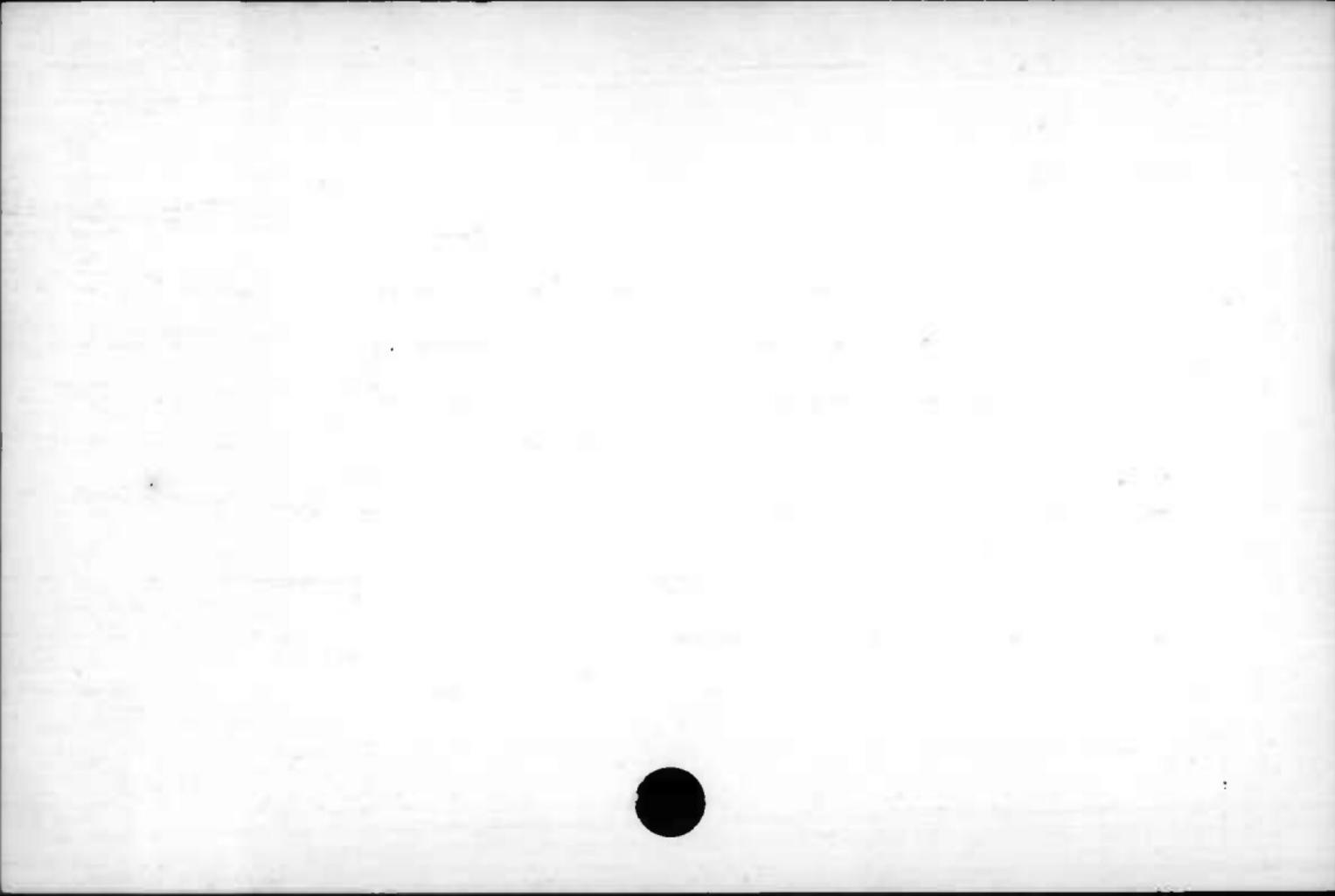
Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Birth-Place	St. Mary's Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Mr. F. Sothoron				
Mother's Maiden Name	Anne Peale Scott				
Name of person giving information	Mr. F. Sothoron				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		
Immediate	Exhaustion		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Zach. R. Morgan
		Address	Mechanicsville, Md.
Accident or Suicide?			



Name
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Full

Sarah E. Young.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Morganza		County	St. Marys -	
Date of death 1907	Month July	Day 4	Years	Age 20	Months
Sex Female	Color or Race	Colored		Birth- place	Md
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband	Columbus, Brainerd			
Father's Name Stephen Young					Father's Birthplace Md
Mother's Maiden Name					Mother's Birthplace Md
Name of person giving Information Columbus Young.					How related to deceased Husband

CAUSES OF DEATH

29

Primary Tuberculosis Bowels - How long 7 months.

How long

How long

PHYSICIAN
OR CORONER

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

L. B. Johnson -
Morganza -

Accident or Suicide?

